

Written Evidence Submitted by Birmingham and Solihull Mental Health NHS Foundation Trust

The Mental Health Bill 2025 — Statutory Implementation of the Patient and Carer Race Equality Framework (PCREF)

June 2025

Executive Summary

BSMHFT strongly supports making the **Patient and Carer Race Equality Framework (PCREF) statutory within the Mental Health Bill 2025.

- * As a Trust serving highly diverse populations, we witness first-hand the structural inequalities in access, experience, and outcomes for racialised communities.
- * We call for a legal duty on all NHS mental health providers to implement PCREF in full, supported by community governance, regulatory oversight, and transparency.
- * This is essential to move from aspiration to action and to embed racial equity as a non-negotiable standard in mental health care.

About Us

Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) provides comprehensive mental health services to a population of over 1.3 million in one of the most ethnically diverse urban regions in the UK. We serve communities across Birmingham and Solihull, including some of the most deprived wards nationally. Our workforce of over 4,000 staff is similarly diverse and deeply committed to inclusive care.

Our submission draws on our position as a proactive adopter of the PCREF and as an organisation that has published transparent Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), and Voices of Lived Experience data, all informing a coherent race equity strategy.

2. Why Statutory PCREF is Critical

2.1 Lived Realities of Inequality

Racial disparities are not abstract data points—they manifest in real-world harm. For example:

- * Black individuals are over four times more likely to be detained under the Mental Health Act.
- * People of Black African and Caribbean heritage report lower satisfaction, less therapeutic benefit, and more coercive experiences.
- * The 2025 BSMHFT WRES/WDES data confirms sustained inequities in representation, disciplinary action, and access to development.

2.2 Our Local Response

BSMHFT has:

- * Co-produced our PCREF Action Plan with local Black-led and faith-based organisations, clinical leaders, and lived experience partners.
- * Embedded anti-racism training and trauma-informed care in mandatory programmes.
- * Piloted community-led discharge planning with measurable impact on length of stay and readmission rates for Black service users.
- * Invested in Race Equality Leadership and Governance Structures, aligned with our Equality, Diversity and Inclusion (EDI) strategy.

Yet, we know voluntary efforts are not enough. Consistency, accountability, and protection from deprioritisation require legal force.

3. Recommendations to the Mental Health Bill 2025

We urge Parliament to legislate the following:

3.1 Statutory Duty

All NHS mental health providers must implement the PCREF as defined in NHSE/I Guidelines.

3.2 Local Co-Production

Legal requirements for community-led governance of PCREF delivery (e.g. formalised with third-sector racial equity partners).

3.3 Regulatory and Commissioning Oversight

CQC and ICBs must include PCREF compliance in their inspection and assurance frameworks.

3.4 Annual Transparent Reporting

Mandatory annual public reporting on PCREF outcomes, including disaggregated data on detention, access, and satisfaction.

3.5 Culturally Appropriate Care as a Legal Right

Mandate culturally competent assessments, care planning, and co-production with local voluntary and faith groups.

3.6 Workforce and Leadership Reform

Ensure all boards include Race Equity as a strategic objective with KPIs tied to organisational performance and leadership appraisal.

4. Conclusion

Without statutory implementation of PCREF, race equity will remain subject to inconsistent interpretation and delivery. BSMHFT believes that now is the time for

Parliament to show decisive leadership in making racial justice a foundational principle of mental health legislation.

We are ready to contribute our experience, share good practice, and be held to account under this new legal framework.

Submitted by

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